

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046367

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3345 STATE FILE NUMBER

FILED NOV 20 1963

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clayton</b>                                     |  | c. CITY OR TOWN <b>Lemay</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>1425 Wachtel Avenue</b>  |  |

|   |                                  |   |   |   |  |
|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Nettie Richards Gleiber</b>                      |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>October 30, 1963</b> |   |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3/10/1892</b>                          | 9. AGE (last birthday)<br><b>71</b>                                     | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Columbia, Missouri</b> |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                  |   |   |   |  |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>William Anderson Mordica</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Isabella Jane Creasy</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Albert</b>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                   |  | 17. INFORMANT<br><b>Ethel Konzelman 1214 Telegraph Road, Lemay,</b> |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b><br>DUE TO (b) <b>Occlusion of coronary artery</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b> |
|---|--|--|

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|---|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |   |  |  |

|   |  |  |                            |                          |
|---|--|--|----------------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><b>Lemay, Missouri</b> | COUNTY<br><b>St. Louis</b> | STATE<br><b>Missouri</b> |
| 21. I attended the deceased from <b>10-25-51</b> to <b>10-30-63</b> and last saw her/him alive on <b>10-26-63</b><br>Death occurred at <b>11:30 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                            |                          |

|   |   |                                    |
|---|---|------------------------------------|
| 22. SIGNATURE<br><i>E. C. Mueller</i><br>(Degree or title)<br><b>M.D.</b> | 22b. ADDRESS<br><b>634 N. Grand Blvd.</b> | 22c. DATE SIGNED<br><b>11-1-63</b> |
|---|---|------------------------------------|

|  |                               |  |   |        |
|--|-------------------------------|--|---|--------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>11/2/1963</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Hope Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Lemay, Missouri</b> | (Site) |
|--|-------------------------------|--|---|--------|

|  |  |  |
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| 24. FUNERAL DIRECTOR<br><b>C. Hoffmeister Mortuaries</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-1-63</b> | 26. REGISTRAR'S SIGNATURE<br><i>John B. Murphy</i> |
|--|--|--|

7814 So. Broadway St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eric C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. - (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Clarence E. Mueller  
Mo. Theatre Bldg. JE 3 7469  
FR. 9:30-11 - 2:30-6 PM